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NO 11

On uterine Hemorrhage.



M. Burroughs of ex Gung.

before Term 13

N. W. corner of 8th & arch

Mrs Hollingshead's

Marmaduke Burrough

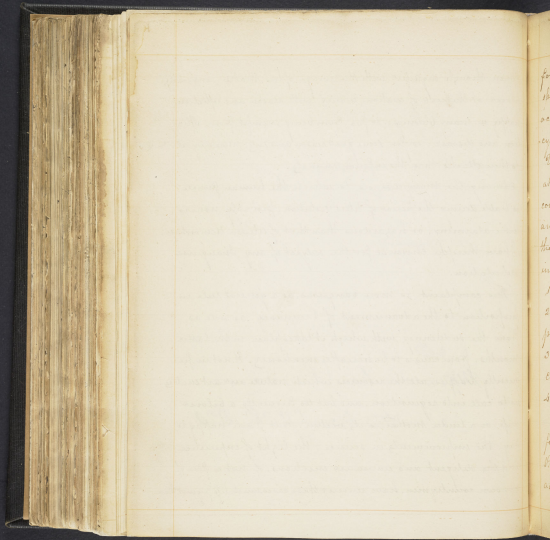
admitted March 28th 1820

Manuel D. Duran
Sept 20th 1890

Man, though dignified with the image of his Maker, and surely
placed at the head of creation, endued with reason and reflection,
happy in many blessings; to far from being exempt from affliction
and disease, is for some good reason and end more subject
to their attacks than the inferior animals.

Among the many diseases to which the human female
is liable during the period of utero gestation, probably none is
more alarming, or hazardous than that of Uterine Hemorrhage.
I have therefore chosen it for the subject of my Inaugural
dissertation.

This complaint is more sanguinous, as a general rule in
proportion to the advancement of Pregnancy, as well as
from the suddenness with which it takes place in the latter
months, from causes to be hereafter mentioned. It not infre-
quently baffles all the resources which nature and art enable
us to call into requisition, and but too frequently a beloved
wife, or a tender mother is its victim. But I am happy to
say, the improvements in science, the light of experience,
and the diligent and unvaried exertions, of not a few of
our own countrymen, have rendered these cases much less frequent than

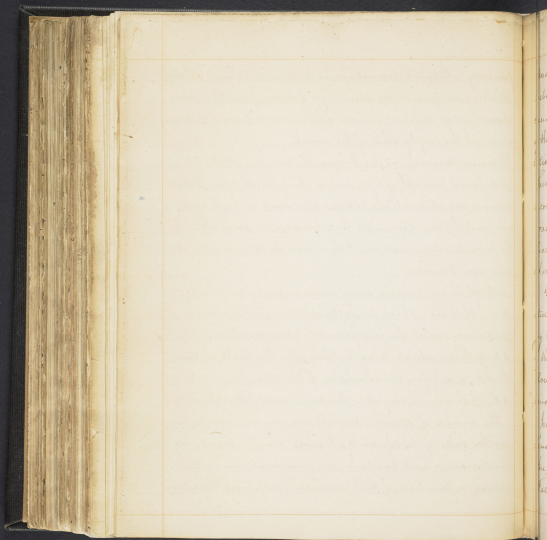


formerly. Uterine Hemorrhage, as the term implies, is strictly speaking, an immoderate discharge of blood, from the uterus occurring at different periods of life, either during pregnancy, or in the empty state of the womb.

Uterine Hemorrhage, as I have stated, may take place at different periods of life, but in the present essay, I shall confine my observations, to those attendant on pregnancy, and parturition. Agreeable to Lerman, and some other of the more modern writers, I shall divide this complaint into four Periods.

- 1st of those which may occur, in early pregnancy.
- 2nd. Of those which may take place, in advanced pregnancy, or at the full period of utero gestation.
- 3^d of those which may happen after the birth of the child, and before the expulsion of the placenta.
- 4th. Of those which follow the expulsion of the placenta.

The causes of Uterine Hemorrhage are various, and for the sake of perspicuity, I shall divide them into Predisposing and Exciting, the proximate being the actual separation, of the placenta itself, from the uterine

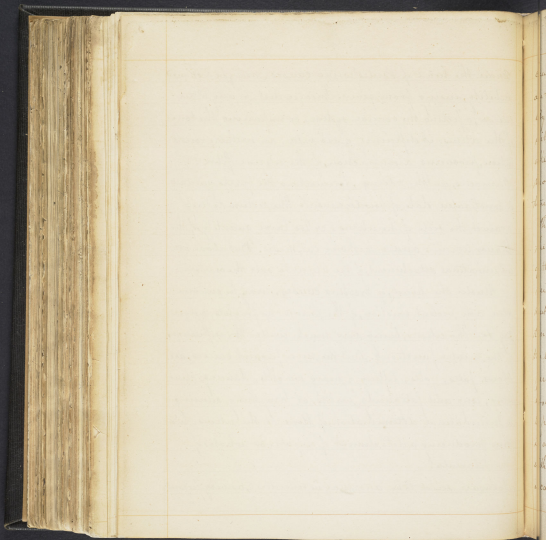


Under the head of Predisposing causes, may be reckoned Debility, arising from fever, Meager diet, or any other cause, affecting the venal system, or impairing the tone of the uterus. A deficiency of vis vitæ; an inevitable constitution, producing a contraction, of the uterine fibre:

Humours, in the uterus, preventing the parts yielding: A constipated state of bowels, causing the rectum to press against the side of the uterus; A too large quantity of the liquor amnii; and a pethone diathesis. But above all an unnatural attachment, of the Placenta over the os uteri.

Under the head, of exciting causes, may be enumerated any violent emotion, of the mind, as frights, anger, joy &c. The uterus, being very much under the influence, of the mental functions. But the more frequent causes, are blows, falls, jolts, lifting of heavy weights, dancing, running, long and fatiguing walks, or any thing, causing a natural or unnatural determination, of blood to the uterus, &c. thus producing a detachment of a part, or whole, of the placenta.

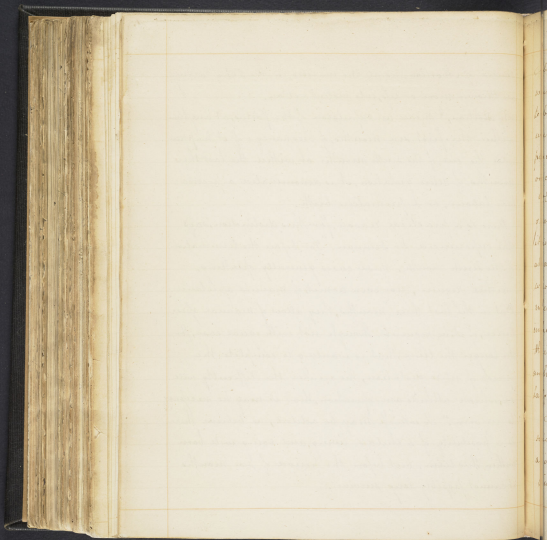
Fallax are said to be and may be considered, as very frequent



causes of Abortion, as all the muscles, in the act of falling, are thrown more or less, into violent action.

By Abortion, I mean an expulsion of the foetus, at any time within the first six months of pregnancy; if it happen after the end of the sixth month or within the last three months of utero gestation, it is denominated a premature labour, or a premature birth.

There is a practical reason, for this distinction, says the experienced Dr. Seaman. "For before the termination of the sixth month, these cases generally speaking, neither require, nor even admit, of manual assistance. But in the last three months, they allow of manual assistance, if it be required. Though not with equal ease, for the longer the time that is wanting to complete the period of utero gestation, the greater the difficulty will be, which attends any operation, that it may be necessary to perform." To which may be added, we believe there is a probability of a child's living, and being well born within this term, but before the period of six months it cannot possibly long survive.

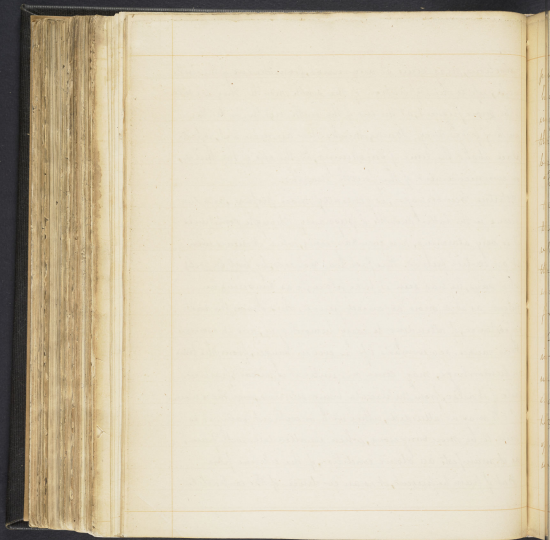


Abortions, may occur at any period, from the end of the sixth
week, up to the expiration of the sixth month. They are said
to be more frequent, at the end of the sixth, eighth, or tenth
week of pregnancy. Alding thinks they are more apt, to take
place about the time of quickening, at the end of the third,
or commencement of the fourth months.

Uterine Hemorrhage, is generally more profuse, and dan-
gerous in the latter months of pregnancy, though sometimes
it is very alarming, and even dangerous, when it occurs even
at an earlier period. This fact was noticed, by Doct. De Bree
who says, he has seen it take place, to as dangerous an
extent, as at a more advanced period. This shows the vast
importance, of attending to early hemorrhages, and to ascertain
their causes, as a woman's life is ever in danger, from the time
an hemorrhage, may come on, unless it is relieved particu-
larly if it arise, from the placenta being situated, over the os uteri.

It may be attended, either with or without pain, it is
said to be more dangerous, when unattended with pain,
as it manifests an atonic condition, of the uterine fibre.

But if pain be present, it is an evidence of the contractile

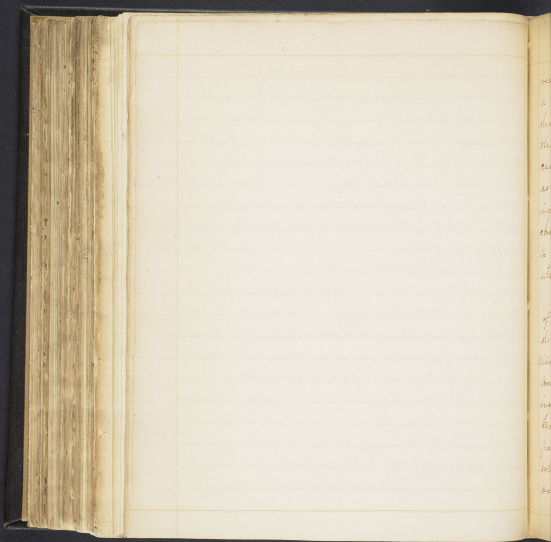


powers of the uterus being more or less perfect, and nature by her salutary efforts, to which we owe much for our success in practice, is by this means endeavouring, to suppress the discharge, either by a constriction of the mouths of the bleeding vessels, or by the formation of a coagulum.

Thus, if the hemorrhage proceeds from small vessels, the uterus is thrown into action, and contracts upon them. But if on the contrary it flow from the larger vessels, a clot is formed, impeding its further progress. Hence the importance, of attending to the rule of not making an examination per vaginam after a coagulum, may have formed, or when the blood shows a disposition to coagulate.

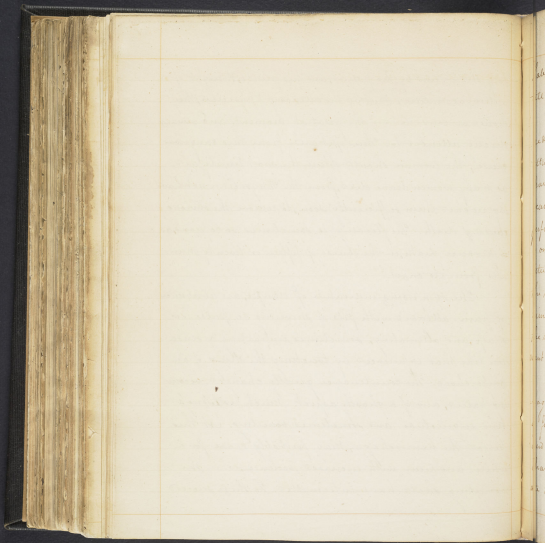
Although we are much indebted to nature, for her aid, in the cure of diseases, yet under certain circumstances we are not too late sight of art, as an auxiliary. For example in the case before us, where the placenta is situated over the os uteri, were we to trust alone to the powers of nature to effect delivery, our anticipations of success would result but in the untimely death of our patient.

The symptoms of uterine hemorrhage are often at first



7.
our sight, and by the patient, and her friends, thought of
a trivialis nature. But by the attending Physician, they
should be considered of the greatest moment, and always
strictly attended to. Thus if it arise from this sanguineous
cause, the woman should obtain the most timely aid,
as many women have died, from the Physician not hav-
ing reached them sufficiently soon, to remove the obvious
cause of death. The flooding is sometimes so copious, as
to produce death, in the course of fifteen or twenty min-
utes from its onset.

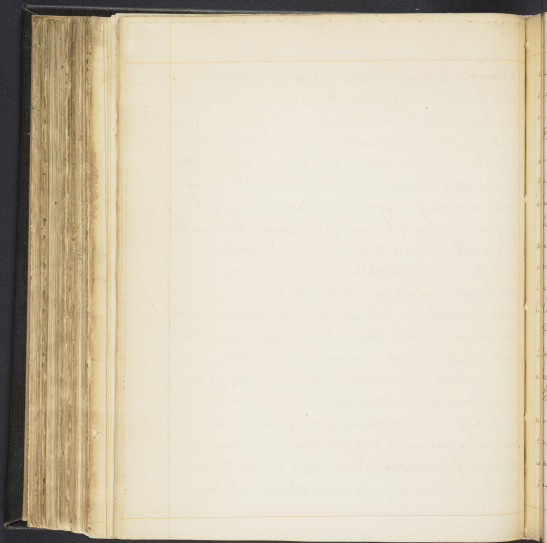
The symptomatic indications of danger, are an absence
of pain, attended with fits of shivering &c. pulse low,
small, and alternating, sometimes imparting a sensa-
tion like that experienced by touching the skin of an
anæstheticus. The countenance greatly changed, becom-
ing pallid, and of a ghastly aspect. Much restlessness,
and inquietude, and sometimes vomiting. At this
period the hemorrhage, may probably cease for a
while, and recur with increased violence, when the
vomiting shall have intermitted. To these succeed



laborious respiration, deep and mournful sighing, till death finally puts a close to the agonizing state.

As relates to the diagnosis of hemorrhage, proceeding from a separation, of the placenta, whether attached to the os uteri, or adhering to some other part, little can be ascertained without making examination per vaginam, or technically speaking performing the operation of touching. However, there is one sign, which should be attended to, denoting the situation of the placenta, at the os uteri, viz. That if the hemorrhage being increased during a pain, and diminished, when the pain goes off; whereas directly the reverse happens from a partial, or entire detachment of it, from some other part of that viscus.

We have said, that the symptoms of uterine hemorrhage may be slight at first: there may be a feeling of fulness, and a moderate degree of pain, in the back and loins extending over the abdomen. A small discharge of blood, may follow called a show. This moderate degree of discharge, is never attended with danger;



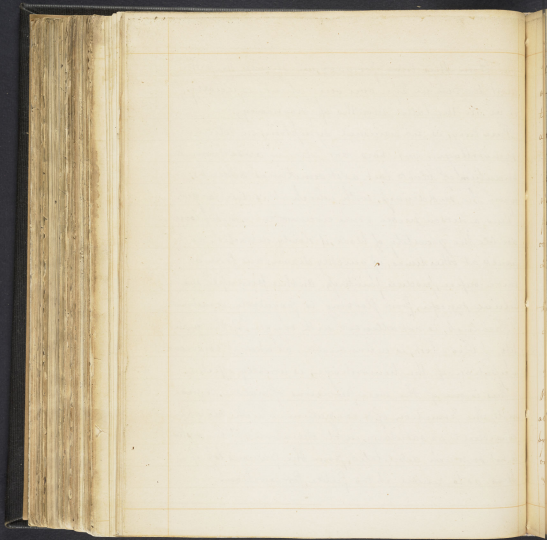
but from this time forward, we should keep the most watchful eye over our patient, especially if he be in the latter months of pregnancy.

Fainting, is, no unusual symptom, in uterine Hemorrhage, but does not always arise from the quantity of blood lost, as it sometimes happens, upon the suddenness, with which it is discharged.

Thus a person under some circumstances, may lose double the quantity of blood, if slowly detached, as would at other times, if quickly drawn, and from a large orifice, produce fainting. On this principle we believe syncope, from flooding is frequently occasional.

Fainting, is not attended with danger, if the quantity of blood lost, is inconsiderable, as when it does occur a cessation of the hemorrhage, is usually effected.

This is one of the misprovisions of nature, to promote the formation of a coagulum, which may be considered as salutary, in its operation, if the system is not so much debilitated, from the previous loss of blood as to render it too feeble, for reaction.

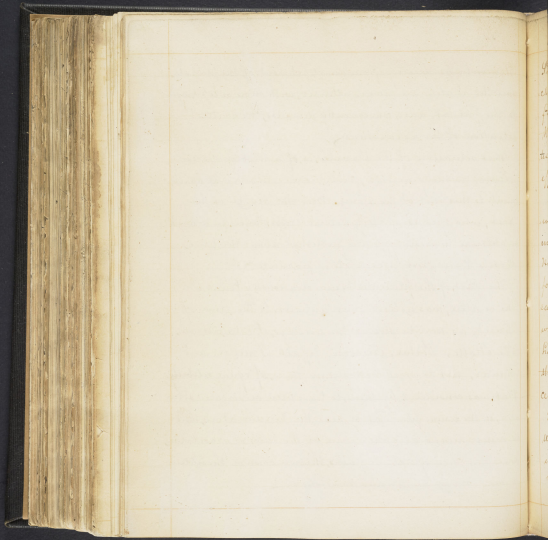


Hæmorrhages arising from an attachment of the placenta over the os uteri are always attended, with more or less danger to the patient, and consequently demand, the earliest attention of the accoucheur.

This situation of the placenta, is of a modern discovery. Levret in the year 1776, first proved its original attachment to this part of the canal. But Mr. Rigby is the first, who speaks of its practical importance, in a work on uterine hæmorrhage, and published about the time, Louis XIV. just made its appearance.

The fact, of the placenta being occasionally found at the os uteri, was noticed long anterior, to the time of Levret, as may be seen in the writings, of Celsus, Galienus, Laetoli, Portal, Ruysch, Giffard, Smellie, and Hunter, not to mention many others, of equal celebrity. But was considered by them, to have been originally situated, in the usual place, at or near the fundus uteri, and by some means detached, and by the laws of gravitation, or by the force of natural pains, thrown down on the os uteri.

See Rigby on Uterine Hæmorrhage.

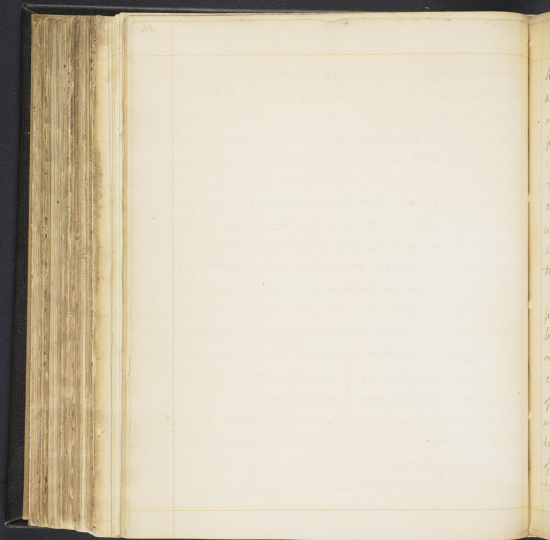


Pinellie suggests the possibility, of its being originally attached to this part, though he does not actually state the fact. But for Lovet, and Ligbee, it remains to make this interesting discovery, in the healing art, an institute, the only mode of treatment, found to be completely effectual, in resuming the patient from death.

Hæmorrhages, arising from this cause, are of more frequent occurrence, than an inexperienced practitioner, might imagine. In the invaluable essay of Ligbee, we find one hundred and six cases, of well defined uterine hæmorrhages, forty three of which, he states were produced, from a separation of the placenta, when situated over the os uteri, and which in all probability, would have terminated fatally, had not proper means been resorted to. The remaining sixty three cases, were occasioned by a detachment, of the placenta, from some other part of the uterus.

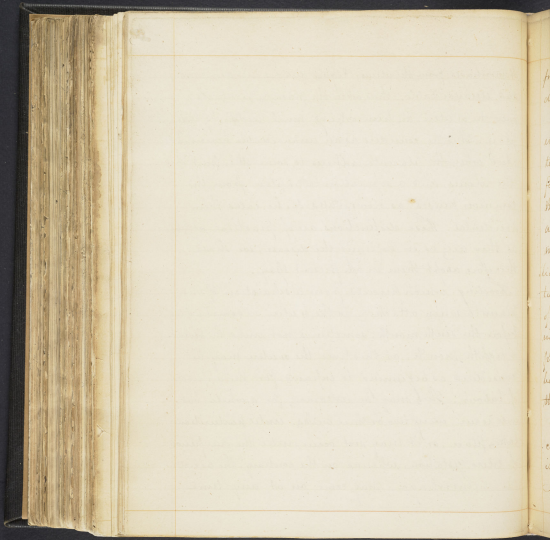
This shows the great necessity, in every instance of uterine hæmorrhage, of ascertaining the cause, by which it may be produced.

2. With this first view, respecting



Hemorrhages from the uterus, Ricber divides into accidental, and unavoidable, thus when the placenta is situated over the os uteri, an hemorrhage must necessarily take place. This he considers as an unavoidable hemorrhage, and when the placenta adheres to some other part of the uterus, and a separation takes place from the common causes, as blows, falls &c. he calls them accidental. These distinctions are of practical utility, as they aid us in defining the disease, we shall therefore adopt them in our present essay.

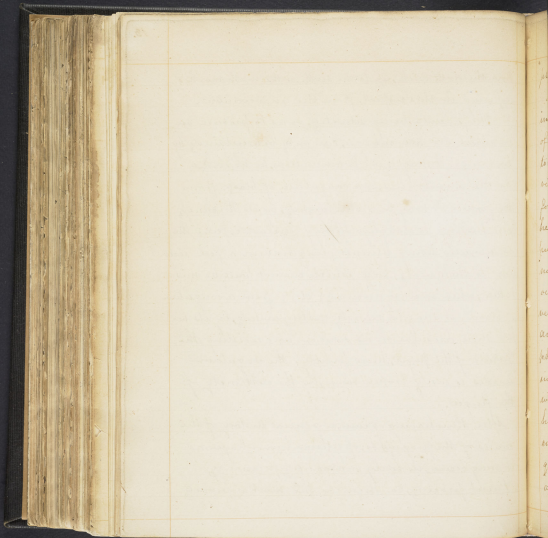
Flooding, which proceeds from a separation of the placenta when attached to the os uteri seldom happens before the sixth month; sometimes not until the seventh or eighth month, at this time the os uteri may be considered as beginning to expand, for the approach of labour. This may be restrained for a while, but will recur, every two or three weeks, until parturition takes place, or it may not occur until the full period of utero gestation, whereas on the contrary, the accidental hemorrhage, may come on at any time.



from the fifth week, up to the sixth, or the ninth months.
differing in this respect, from the unavoidable.

The Placenta being situated, so as to produce an
unavoidable Hemorrhage, can only be ascertained by
touching. It may upon examination, be mistaken
for the membranes, or a coagulum of blood. From
the former it may be distinguished, by its thickness,
and having a doughy, spongy inelastic, feel; the
membranes being thinner, and having a feel pecu-
liar to themselves, and which cannot well be mis-
taken, when once experienced. And from a coagulum
of blood, it may be readily distinguished, by its be-
ing more irregular on its surface, and resisting the
figure of the finger, more forcibly; the coagulum
besides is easily broken down, by the extremity of
the finger.

After thus having given, a general history of the
causes, of the progress, &c, of uterine hemorrhage, as
it may occur, in early or advanced pregnancy.
I next proceed, to mention the most approved



plan of treatment.

It is obvious, that manual aid is improper, and even inadvisable, during the first six months, the mouth of the uterus, not being at this time, sufficiently dilated to admit the introduction of the hand, without doing violence, to the soft parts; hence necessity calls loudly, for such remedies, as seem best calculated, to restrain hemorrhages. Thus if it arise from plethora, and the pulse be full and strong. I need scarcely say we should not hesitate, to detract blood from the arm, placing our patient in a horizontal position, in a cool and well ventilated apartment, enjoining the most perfect rest and tranquility; and confining her to a strict antiphlogistic regimen. The acetate of lead, may be given in doses of two or three grains, either alone, or combining with *Opium*, and *Opium*, and repeating every half hour or hour, or more seldom, according to the urgency of the case. if much pain exist, a larger quantity of *Opium* may be added, than if pain attend. The saline draught may be administering.

and if the pulse be active, the Digitalis must be given for a few days; cold applications, are to be made to the abdomen, and extra if circumstances require them.

But when the hemorrhage amounts to a flooding, the practice must be prompt, and effective.

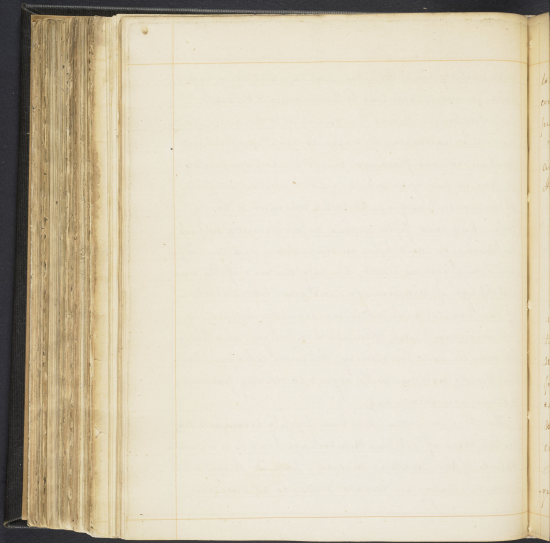
It is seldom or never necessary, to bleed, though the pulse may at first seem to indicate its utility, but it soon sinks, and may be considered as a gaseous pulse, and improper to deplete upon.

The patient as before directed, should be placed in a horizontal posture, on a mattress in a room where the windows, and doors are opening, so as to admit a free circulation of air. The fire if any in the room, should be extinguishing; clean the bed clothing, as light and as few as decency will admit. She should not be allowed to speak, or be spoken to, as any, and every exertion, of this kind, will increase the discharge, of the vital fluid. Two persons should be permitted, to remain in the room. The acetate of lead must be given with opium, in the proportion, of two, or three grains of the former, combined

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with half a grain of the latter, and repeating every half hour, or hour, according to the exigency of the case. Doct. Chapman, thinks this quantity of the sugar of lead infinitely too small, and says no good whatever will result in copious bleedings, unless the dose administered be five or six grains and repeated at short intervals. Observing he has given it to the amount of thirty, forty, and even fifty grains before he could suppress the discharge, and never in one instance did any unpleasant consequences result, the only striking effects, were a stoppage of hemorrhage, and some little irritation of the bowels, such as is occasionally induced, by the more acid and stimulating pulvis. and states the more he uses the remedy, the more is he persuaded, that the old notions, with regard to its very poisonous nature, are erroneous.

The Speciminantha, has been highly recommended in the cure of uterine hemorrhage, and is a valuable article of the Materia medica; but it should be given only in small doses, so as merely,



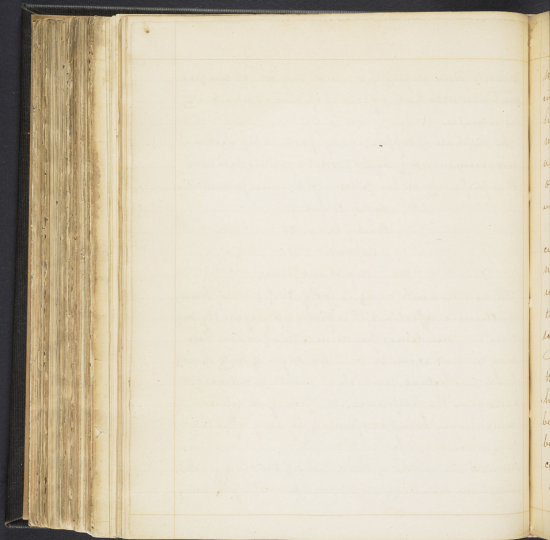
to excite some degree of nausea. say one or two grains combined with half a grain of opium administered *pro re nata*.

The sulphate of copper, is very favourably spoken of and recommended by Dr Fischer, in this disease. It is prepared in the following manner for exhibition.

R. Sulph. copper ʒi
Bark of casia ʒss
Proof spirit. ℥ij
M. f. digest and filter

The dose in acute cases, is forty drops every hour, in chronic affections, it is given less frequently, say three or four times per diem. This preparation may be had recourse to, if the sugar of lead should prove ineffectual, to which I should in ordinary cases give the preference, its efficacy in uterine hemorrhages, being confirmed, by very repeated experience.

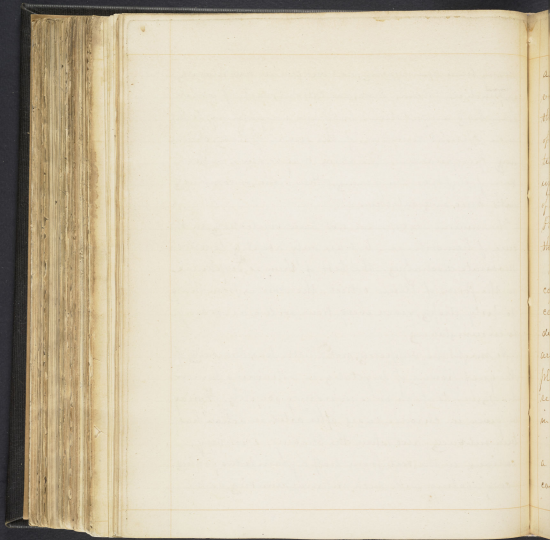
Almost the whole of the articles of the class of astrin-
gents, have been tried in uterine hemorrhages. Many



Many have been rejected, and but few are now retained, in practice. Alum, Kino, and catechu, each of which have long a reputation. but have now given way to the more efficient remedies, of the sugar of lead, opium, and Peruvian bark. The alum may be given in the dose of eight, or ten grains, either alone, or combining with kino, and catechu.

The mineral acids, have not been overlooked, in the cure of hemorrhage, but are only adapted to restrain moderate discharges. the best of them is, ^{the} sulphuric, in the form of Elmicretide. the dose is from thirty to forty drops, given every hour or two, according to circumstances.

It might be supposed, not a little has been said of the great powers of digitalis, in restraining hemorrhage, but to which it is improperly adapted. It may be given in chronic cases, after arterial action has been subdued, and when the bleeding, is not very copious in the dose from half a grain to two grains. confederating with such internal remedies, as the



acetic acid of lead, and opium. cold applications of water, vinegar, and water, or water made entirely cold, with the mixture of soda, should be made to the region of the uterus, either in the form of a compression, or ablation, or what will be found still better, is to pour it upon the abdomen, from a height as from the spout of a common Fankettle, or any other appropriate vessel. Pouches &c. has been recommended, to be thrust up the vagina, or a lump allowed to melt in the mouth.

But these means are often inefficient, to restrain copious floodings; hence as a dernier resort, in cases of this kind when the os uteri, is not sufficiently dilated, or in a distolable condition, so as to admit of artificial delivery; we make use of the flaxen plugs, called by the French *Tampons*, so highly recommended, and found so completely efficacious in the practice, of Doct. De Mees of this city.)

They are made by folding up clean flax, into a number of little pads, which being previously counted, are then lubricated with *lard*, or

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other unctuous matter, and carefully introducing, into the
 vagina, so as to fill it completely up, and there confined by
 an appropriate, counter bandage. They are allowed to remain
 until the hemorrhage shall have ceased or until the os uteri
 is dilated, so as to enable us to turn, and deliver by the feet,
 when they are all cautiously to be removed, taking care,
 not to leave any in the vagina. This practice can only
 be resorted to, before delivery for reasons too obvious to men-
 tion. Injections per anum, have been attended with happy
 results in uterine hemorrhage; many of the astringents,
 have been recommended, but few are now made use of;
 the best is the acetate of lead, combined with Laudanum
 in the following proportion agreeably to the direction of
Dr. de Meis.

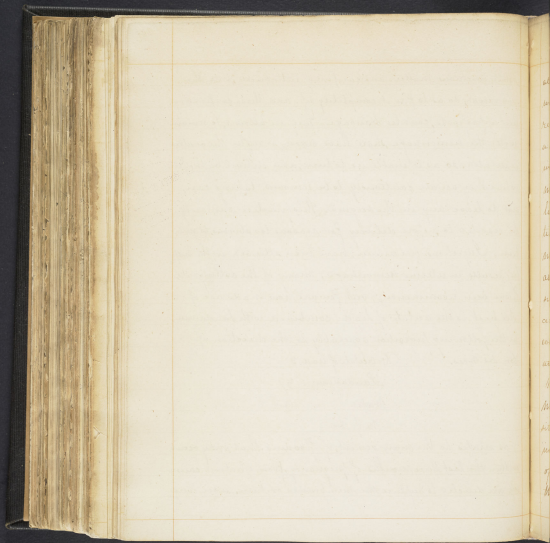
R. Acetate of lead ʒ

Laudanum . . . ʒj

Water ʒiv

M. f. s. s.

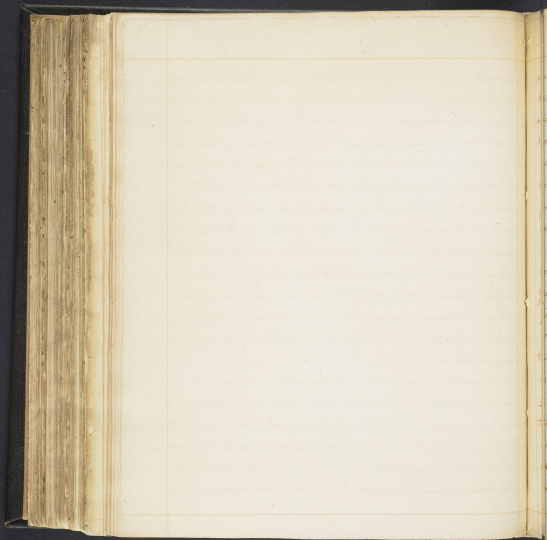
This relates to the management, of flooding, that may occur
 within the last three months of pregnancy from whatever cause.
 we are directed to rupture the membranes or turn, under every



alarming circumstance, especially where prociastination would be attending, with danger. But this must only be resorting to, when the os uteri, is sufficiently dilating, or in a dilatable state, so as to allow the introduction of the hand without some great violence, to the uterus, the woman must be properly placed, for this operation, and the hand lubricated with lard, to be carefully introduced, to rupture the membrane with the nail of the fore finger, in the most depending situation, evacuate the waters, and thus allow the uterus, to contract upon the child, and then suffer nature, to complete the delivery. This the experienced accoucheur Rigby, says will be accomplished, in every instance where the placenta, is not originally situated, at the os uteri.

But when it is attached to the os uteri, a very different mode of practice, must be adopted, and is absolutely opposite. Chambers, and La ellipse direct, that the placenta in these cases, should be brought away, before the delivery of the child, unless danger arises from its adhesion to the membranes, or uterus. But this should never be done,

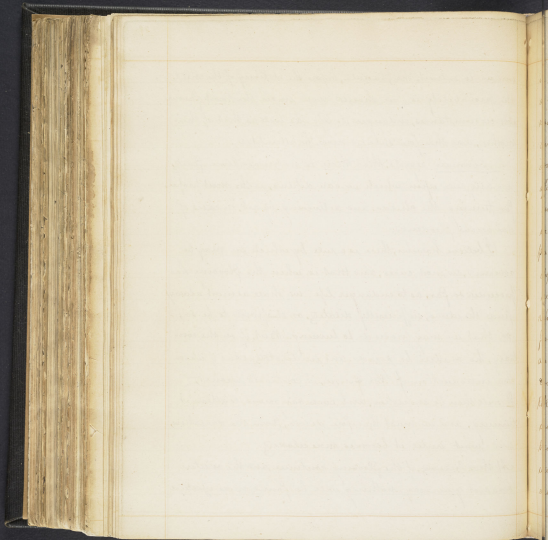




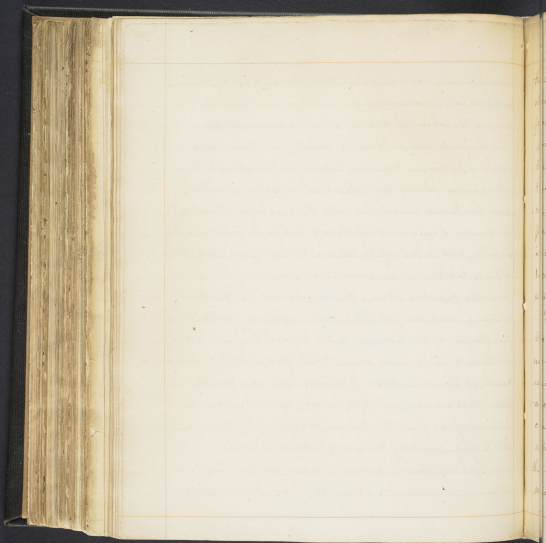
were in to extract the Placenta, before the delivery of the child, the probability is, we should even under the most favourable circumstances, endanger its life, as well as that of the mother, and therefore should never be attempted.

Dr. Siiman argues, that there is no precise time fixed, nor any rule upon which we can depend, as the most proper for turning the child, and delivering by art, in cases of dangerous floodings.

I believe however, there is a rule by which we may be governed, in most cases, and that is when the flooding has proceeded so far, as to endanger life, we shall almost always find the uterus, sufficiently dilated, or disposed to be so; so that we may proceed to turning. But, if on the contrary, the os uteri be rigid, and undilated, and if upon the introduction of the finger, it contracts upon it, it will then be improper, and even dangerous to attempt turning, and we must therefore desist, from the operation, and wait until it becomes more relaxed. At this period, if the flooding continue and the os uteri does not give way, nothing will be found more effectual



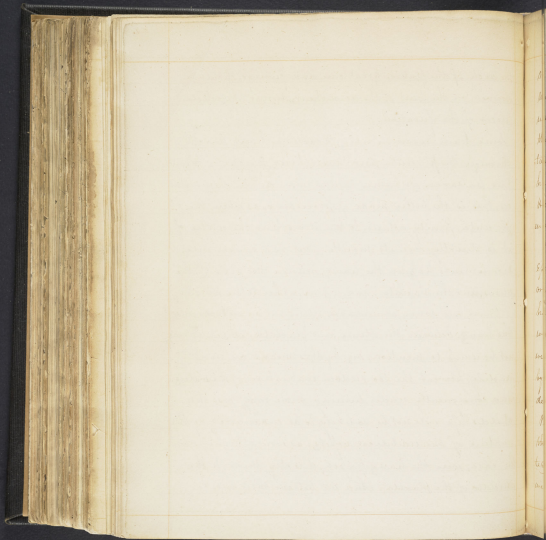
in restraining the hemorrhage, then plugging up the vagina, as heretofore recommended; and this should always be resorted to, when the flooding threatens imminent danger, and the parts not sufficiently dilated, or relaxed, so as to admit of turning. But when turning is thought expedient, after having placed our patient in the proper situation, and the hand lubricated with lard, as before directed, we should slowly and cautiously, insinuate it between the placenta, and the side of the uterus, at that place where there appears, to be the least resistance, carrying it high up, near the fundus uteri; the membranes are then to be ruptured, and the feet of the child embraced, so that the fore finger of the hand, be kept between them; and they are then to be brought down. Both feet should be brought down, at the same time if possible, and care should be taken, that a hand and foot are not made to descend, instead of the feet. The feet are to be brought through the passage, made by the hand between the side of the uterus, and placenta, and in this way the child, is to be delivered, observing to bring the occiput out, under



the arch of the pubis. great care and firmness, should be observed on the part of the accoucheur, during the whole process of the operation.

Some have recommended, to carry the hand directly through the placenta and thus deliver the child through this passage. For James Hanks under certain circumstances, this is the better mode of proceeding, as when the placenta firmly adheres, to the uterus, and the centre of it is directly over its mouth. But as a general rule, recommends placing the hand, between the side of the uterus, and the placenta, and deliver, as heretofore directed.

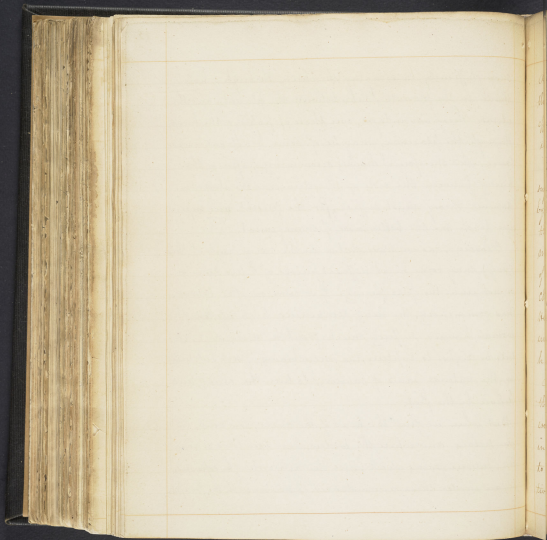
There are some advantages, attendant on introducing the hand, between the uterus, and placenta, which it may not be amiss to mention. viz by this means we more readily, prevent the too sudden evacuation of the water, and consequently render turning more easy; and the child's life will not be so likely, to be endangered by the rupture of the umbilical vessels, as would perhaps be the case, were the hand passed directly through the middle of the placenta. And we believe there will be



More difficultly, in bringing the child, through a hole made in the placenta, than between the placenta and the uterus. These advantages, over those of passing the head through the placenta, may be of some practical importance, and therefore I should recommend, passing the head between the side of the uterus, and the placenta. However theory must suffice, for the present, and experience teach me the better mode of management.

Flooding, (as we have stated in the early part of this Essay) may come on at different periods, of later Gestation, or not until the full period. If it come on after labour has commenced, the head remaining high up, and the woman having suffered much from the discharge, it will be right to rupture the membranes, if not ruptured by the natural pains of labour, to turn the child and deliver by the feet.

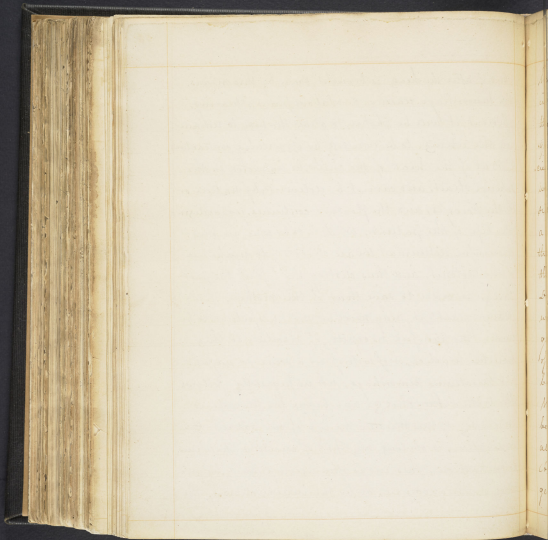
But when we find the head of the child, low down in the pelvis, and where the waters, have been long evacuated, labour pains weak; and the hemorrhage copious, we are under these circumstances, to deliver with the forceps.



And if after the head is brought down by this means, the hemorrhage ceasing, and labour pains appearing, efficient it will be proper, to allow the body to remain in the uterus, to be expelled by its natural contractions.

But if the head of the child, be impacted in the superior straits and cannot be delivered, by nature or by the Forceps, and the flooding continues, jeopardizing the life of the patient, what is to be done in this momentous dilemma? We are directed to make use of the Crotchet, and thus destroy the life of the poor child, in order to save that of the mother. But Heaven grant! it may never be my misfortune to be under the painful necessity of resorting to this horrible practice, or of witnessing a scene so awful.

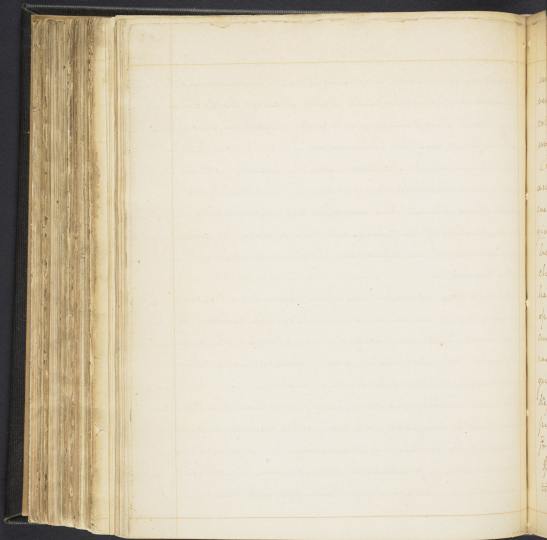
A threatening hemorrhage, not unfrequently follows the birth of the child, and before the placenta is expelled. If this threaten the life of our patient, the indication, is obvious, viz That of exciting the uterus to contraction; this end is often accomplished, by frictions on the abdomen, or by the introduction of the



27.
hand, to bring away the placenta: but if after having
introduced the hand, and gently separating the placenta
the blood still continues, to be poured out in large
quantities, and the tonic power of the uterus, not suffi-
cient to cause it to contract, upon the infusing vessels,
we may with impunity, rub our fingers against the
side of the uterus. This will often succeed in exciting
a contraction of its fibres, and thus concurring with
the same end, the abdomen may be rubbed with
the hands.

Swett & Wier. says he has often prevented, a flooding
when it was expected to take place after delivery, by
giving a pill composed of three grains of the sugar
of lead, combined with one of opium, a short time
before the delivery was accomplished.

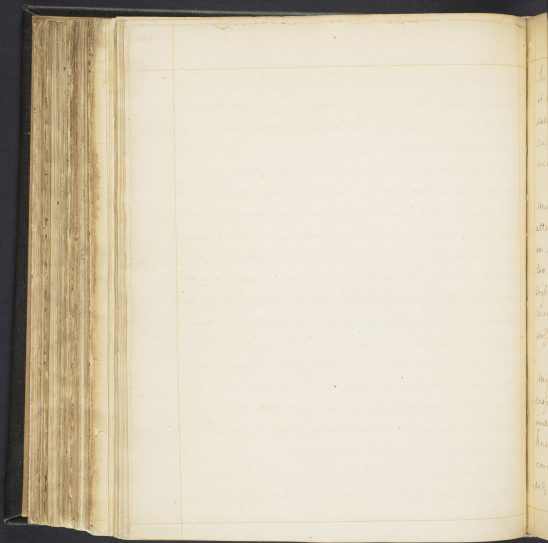
Women in every instance, after parturition should
be strictly confined, to a horizontal posture, and not
allowed to be raised up or moved, for several hours.
At the time the placenta comes away, which is
generally in the course of from fifteen, to twenty,



minutes after the delivery of the child, there may supervene a large discharge, of blood which had previously collected, in the uterus. This, seldom, produces any very unpleasant consequences.

At other times the hemorrhage, may continue and amount to a flooding, causing syncope, and sometimes even death. This discharge is called, by some Menorrhagia Lochialis, and is often produced, by the placenta being brought away, too suddenly, after the birth of the child. It may be treated, in the usual way as in other hemorrhages, by perfect rest, the acetate of Lead, and opium, by cold applications, to the abdomen, Loins, and vagina, and by rectal injections. The room should be kept perfectly cool. Tonics may be given, as the sulphuric acid &c. The bowels must be kept open by some of the saline purges, and if the pulse be frequent, the Digitalis, may be administered for a short time, with advantage.

If the pain in the back, be severe which is sometimes the case, a warm plaster, may be applied.

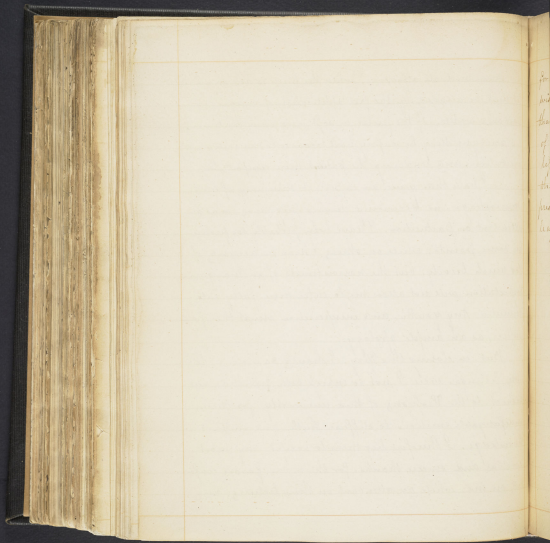


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In more moderate affections, when the pain is not so severe it may be allayed by the free application of vinegar, or salt and water. If the pulse be soft, and pain continue, an anodyne may be safely had recourse to, as doing away irritation, and rendering the patient more comfortable.

I have thus given an imperfect summary of uterine hemorrhage, as occurring during pregnancy, or as an attendant on parturition. I have been probably too prolix on some points, while on others I may be accused of too much brevity, but the narrow limits of an inaugural dissertation will not allow me to enter more fully into minutiae. My youth, and inexperience must therefore suffice, as an ample apology.

But in closing this Essay, I should do violence to my feelings, were I not to express both gratitude and respect, to the Professors of this University, for their indefatigable exertions to diffuse Truth, and impart knowledge. I therefore beg them to accept my most cordial and sincere thanks, for the many favours conferred on me, while an attendant on their lectures, and



for the ample opportunities afforded me for instruction,
wishing them uninterrupted health, and sincerely hoping
that they may long continue as the eminent cultivators
of science, by retaining those situations which reflect not
less honor on their country, than they do credit to
themselves, and may the Institution over which they
preside continue to flourish, and become the proudest
leaf in the chaplet of our national glory.

